Author's note on COVID-19 vaccine injury

The book "Vaccines and CMV Reactivation" by Anthony of Boston explains how the mRNA COVID-19 vaccines is causing a temporary immunosuppression, allowing the cytomegalovirus(CMV) to become reactivated, which leads to complications such as myocarditis and Guillain-Barré syndrome and a host of other ailments. Many who are vaccine injured have reported problems related to blood clots and neurological manifestations. Some of the other reported adverse effects from the vaccine include shingles, mouth sores, tingling in hands and feet, tinnitus, low blood pressure, dizziness, and mood changes. On account of that, it has been inferred that all of the aforementioned pathologies can be traced to elevated homocyteine levels as a result of CMV reactivation.

CMV is part of a family of herpesviruses that cause chickenpox and mononucleosis. After infection, CMV usually remains dormant in the body, but can become reactivated during periods of immunosuppression, which can be triggered by vaccines, blood transfusions, and organ transplants. In all three cases, the immunosuppression is triggered in order to keep the body from obstructing the process. In the case of vaccines, the body's immune system needs to be suppressed so that it doesn't destroy the antigen before antigen presentation and antibody development can take place. If the immune system destroys the virus before the body can be adequately exposed to it, then antibody development becomes limited. In blood transfusions, if the immune system is not suppressed, then consequently the body can treat the incoming new red blood cells as an invading foreign pathogen and then proceed to destroy them. In organ transplants, the same dynamic applies. If the immune system is not suppressed, the body can treat the new organ as an invading foreign pathogen and prevent a successful organ transplantation. With this aspect taken into account, it is surmised, in the case of vaccines, a trade-off comes about with the successful implementation. The immunosuppression allows the body to go through the process of producing enough antibodies to fight off a later infection from the same virus, but at the cost of limiting the type-1 interferon response. The type-1 interferon response is the body's first line of defense against foreign pathogens and is also what keeps the cytomegalovirus at bay. When the type-1 interferon response is activated, it is able to attack a virus as soon as it makes contact with the cell membrane and thus prevent it from injecting its RNA into the cell. The result is that one does not get sick.

However, when it comes to understanding adverse effects, this is where things get a bit more complicated. I have already explained which symptoms have been reported regarding the adverse effects of the COVID-19 vaccine, but those symptoms only relate to what can occur when the type-1 interferon response is suppressed. Other symptoms of adverse effect have been reported that I infer to be on the opposite end of the spectrum in contrast to the symptoms mentioned earlier. For instance, some people have reported low blood pressure as a result of vaccination. At the same time, however, some have reported high blood pressure as a result of vaccination. These are opposite pathologies. So in order to try and solve this confusion, this book in Chapter 2 formulates a theory about health that splits vitamins, minerals, illness, and other health manifestations into opposing sides much in the way geopolitics operates at the global level. Chapter 2 of this book uses a World War II analogy in which certain vitamins, minerals, illness and other physical manifestations are essentially lined up together against other vitamins, minerals, illness and other physical manifestations...to varying degrees of course. This sort of goes along with how certain nations were either with or against the axis or allied powers during WWII. This theory helps explain the contrasting symptomatology regarding the COVID-19 vaccine adverse effects. What one should extrapolate after reading chapters 1 and 2 is that adverse effects come about in two ways. The first is as mentioned before, through immunosuppression and CMV reactivation leading to ailments such as low blood pressure, blood clots, cardiac arrest, neurological problems and hyperhomocysteinemia. The other adverse effects that contrast the aforementioned, such as high blood pressure, turbo cancer, heart attack, and tachycardia, are the result of an over-aggressive type-1 interferon response, leading to elevated white blood cell count, high blood pressure, turbo cancer, etc. Hence one can infer that this set of symptoms of adverse effects come about in people who have taken the COVID-19 vaccines, but who already had very robust innate immunity and type-1 interferon response. Essentially, in this case, the body was initially already primed for early viral clearance, and upon detecting the cell membrane disturbances as a result of the viral vector delivery system from viral vector vaccines or the lipid nanoparticle delivery system from the mRNA vaccines, the body's type-1 interferon response did not weaken, but instead overreacted, leading to symptoms related to such a reaction, symptoms such as high blood pressure, high white blood cell count, tumor growth, etc. This book manages to show how these symptoms are intricately related by citing studies that link

white blood cell count to blood pressure or tumor growth, much in the way that nations were linked to each other in World War II. This theory helps narrow down the reason for the various and contrasting adverse effects from the COVID-19 vaccine.